# MARYLAND BOARD OF SOCIAL WORK EXAMINERS 4201 PATTERSON AVENUE, BALTIMORE, MARYLAND 21215-2299

410-764-4788 or Toll Free: 1-877-526-2541 http://www.health.maryland.gov/bswe/

#### INSTRUCTIONS FOR THE APPLICATION FOR INDEPENDENT PRACTICE

November 2019

#### Dear Licensee:

Attached is the **APPLICATION FOR INDEPENDENT PRACTICE** which may be submitted by a Licensed Bachelor Social Worker (LBSW) and a Licensed Master Social Worker (LMSW) in order to be approved by the Board for INDEPENDENT PRACTICE.

#### COMAR 10.42.02 Social Work Practice

#### .02 Definitions.

- A. In this chapter, the following terms have the meaning indicated.
- B. Terms Defined.
  - (9) "Independent practice" means the practice of licensed social work without the requirement of social work supervision.

#### .06 Independent Practice.

- A. An LCSW-C may engage in the independent practice of social work.
- B. An LCSW may engage in the independent practice of social work, except when formulating a diagnostic impression, a diagnosis or providing psychotherapy.
- C. An LBSW or LMSW may not engage in the independent practice of social work until the licensee is approved by the Board for independent status in accordance with this regulation.
- D. An LBSW or LMSW shall practice in accordance with the restrictions set forth in Health Occupations Article, §19-307, Annotated Code of Maryland.

#### E. An LBSW or LMSW licensed on or before January 1, 2008 shall:

- (1) Have actively practiced bachelor or master social work under social work supervision;
- (2) Have completed at least 10 years of social work experience under social work supervision;
- (3) Submit an application in the form prescribed by the Board as set forth in Health Occupations Article §19-302, Annotated Code of Maryland; and
- (4) Provide documentation in the form prescribed by the Board as set forth in Health Occupations Article §19-302, Annotated Code of Maryland.

#### F. An LBSW or LMSW licensed on or after January 1, 2008 shall:

- (1) Have actively practiced bachelor or master social work under social work supervision;
- (2) Have completed at least 3 years as an active licensee with at least 4,500 hours and a minimum of 150 hours of periodic face-to-face supervision;
- (3) Submit an application in the form prescribed by the Board as set forth in Health Occupations Article §19-302, Annotated Code of Maryland; and
- (4) Provide documentation in the form prescribed by the Board as set forth in Health Occupations Article §19-302, Annotated Code of Maryland.

#### G. An LBSW or LMSW licensed on or after July 1, 2021 shall:

- (1) Have actively practiced bachelor or master social work under the supervision of **Board approved** social work supervision;
- (2) Have completed at least 3 years as an active licensee with at least 4,500 hours and a minimum of 150 hours of periodic face-to-face supervision;
- (3) Submit an application in the form prescribed by the Board as set forth in Health Occupations Article §19-302, Annotated Code of Maryland; and
- (4) Provide documentation in the form prescribed by the Board as set forth in Health Occupations Article §19-302, Annotated Code of Maryland.

#### H. The Board shall approve an application to engage in independent practice provided:

- (1) The application is complete; and
- (2) The applicant practiced social work in accordance with the statute and regulations in effect at the time the bachelor or master social worker practiced in Maryland.
- I. The Board may not approve the licensee to engage in independent practice if the licensee fails to demonstrate sufficient supervised experience.
  - (1) The Board may require the applicant to complete up to 1,500 additional supervised social work experience; and
  - (2) Reapply for independent practice.

#### DO NOT SUBMIT THIS APPLICATION IF YOU WERE NOT SUPERVISED BY AN LCSW OR LCSW-C WHILE PRACTICING SOCIAL WORK

# ▶ PRACTICING SOCIAL WORK WITHOUT THE REQUIRED SW SUPERVISION IS A VIOLATION OF THE BOARD'S REGULATIONS AND SUBJECT TO DISCIPLINARY ACTION.

Please be sure to review the ENTIRE regulation COMAR 10.42.02 Social Work Practice which can be found on the Board's website under the tab "Statute and Regulations."

#### ▶ ► PLEASE ALLOW 8 WEEKS FOR THE BOARD OFFICE TO PROCESS YOUR APPLICATION ◀ ◀

#### EXCEPT FOR SIGNATURES PLEASE PRINT ALL INFORMATION

**FEE:** There is no fee to apply for independent practice.

**NAME CHANGE PLEASE NOTE:** If your name is different from what is on file with the Board it will NOT be changed. Please include a copy of the legal documentation of a change in name. You can check your name on the Board's website by selecting the "License Verification" tab.

**POSTAL ADDRESS – PHONE NUMBERS – EMAIL ADDRESS PLEASE NOTE:** If different from what is on file with the Board, your postal address, phone number(s), and email address will be changed to what is on the application.

Failure to notify the Board of a change in address within 60 days per COMAR 10.01.16.H may result in a \$50 fine per COMAR 10.05.02A(10)

#### **RACE / ETHNIC IDENTIFICATION:** Check all that apply.

<u>American Indian or Alaska Native</u> (A person having origins in any of the original peoples of North or South American, including Central America and who maintain tribal affiliations or community attachments)

<u>Asian</u> (A person having origins in any of the original peoples of the Far East, Southeast Asian, or the Indian subcontinent including, for example: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.)

Black or African American (A person having origins in any of the black racial groups of Africa.)

<u>Native Hawaiian or other Pacific Islander</u> (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

White (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)

Answer the question with a yes or a no.

Are you of Hispanic or Latino origin? (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.)

Disclosure of race ethnicity or gender is not a requirement of licensure, but the information provided will be used for identity purposes and criminal background checks only.

**EDUCATION:** The year the BSW or MSW degree was conferred, name of the College / University, City & State.

LICENSES HELD: List the Maryland social work license first and list all other licenses held (active, inactive or non-renewed) in ANY state.					
LICENSEE'S AFFIDAVIT: Signatures and initials should be original.					
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### MARYLAND BOARD OF SOCIAL WORK EXAMINERS 4201 Patterson Avenue, Baltimore MD 21215-2299 Phone #:410-764-4788 Toll Free #: 1-800-526-2541 www.health.maryland.gov/bswe/

## APPLICATION FOR INDEPENDENT PRACTICE

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### MARYLAND BOARD OF ENVIRONMENTAL HEALTH SPECIALISTS



4201 Patterson Avenue, Baltimore. Maryland 21215 Phone#: 410-764-3512 Fax: 410-358-5674 <a href="http://www.health.maryland.gov/behs/">http://www.health.maryland.gov/behs/</a>

### SUPERVISION VERIFICATION FORM FOR INDEPENDENT PRACTICE

Name of Supervisee							
Name of Board Approved	d Supervisor						
All Information Shall	Be Provided By The Social Work Supervisor.						
Name and address of th	e supervisee's/applicant's social work practice site where supervisee worked:						
Name of Agency (1)	Address Line 1						
Address Line 2	City State Zip Code						
Dates of supervision: Fro	om (2) to (3) = Total number of weeks (4)						
(For hours obtained in M	D, the date supervision began cannot pre-date the issuance date of the applicant's license)						
Supervisee number of ho	Supervisee number of hours worked per week (5) X weeks worked = Total Hours (6)						
Supervision hours provided: Individual + Group = Total Hours (7)							
SUPERVISOR INFO	RMATION						
MD Social Work Lic #	Date of Lic Issued:						
Out of State SW Lic #	State Issued On Lic Title						
	AFFIDAVIT						
I do solemnly declare and true and correct.	d affirm, under the penalties of perjury, that the information contained on this Supervision Verification Form is						
Signature	Date						
PLEASE SIGN IN B	LUE INK						

If you have had more than one supervision, please copy this form and submit one form for each supervision.

MD-BSWE-November, 2019

	BASED ON THE ISSUANCE DATE OF YOUR LICENSE PLEASE INTIAL E, F, or G.
<b>Initia</b>	
	Have actively practiced bachelor or master social work under social work supervision; Have completed at least 10 years of social work experience under social work supervision;
(3	Submit an application in the form prescribed by the Board as set forth in Health Occupations Article §19-302, Annotated Code of Maryland;
and (4	Provide documentation in the form prescribed by the Board as set forth in Health Occupations Article §19-302, Annotated Code of Maryland.
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	Have actively practiced bachelor or master social work under social work supervision;
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and (4	Provide documentation in the form prescribed by the Board as set forth in Health Occupations Article §19-302, Annotated Code of Maryland.
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	Have actively practiced bachelor or master social work under the supervision of <b>Board approved</b> social work supervision;
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(2	practiced in Maryland.
I. Th	Board may not approve the licensee to engage in independent practice if the licensee fails to demonstrate sufficient supervised experience.
	The Board may require the applicant to complete up to 1,500 additional supervised social work experience; and
(2	Reapply for independent practice.
Initial	I have read and understand that regulations above taken s from <i>COMAR 10.42.08.07</i> which has been in effect since July 1, 2004.
_	ibilities of a Supervisee. A. A supervisee shall: (1) Participate in a minimum of 3 hours of face-to-face supervision per month with the
	ee's supervisor; (2) Prepare for supervision using case materials related to the supervisee's social work practice; and (3) Maintain
_	ntation, for at least 5 years, of supervisory sessions including dates, duration, and focus of supervision, to be available for verification to the
	n request by the Board or its authorized agent.
Initial _	I do hereby affirm that my SW practice as an LSWA/LBSW or LGSW/LMSW was supervised as required by <i>COMAR 10.42.08</i> .
Initial _	
IIIItiai _	
1)	In initialing <b>E</b> : I am not required to enclose any additional forms
2)	In initialing <b>F</b> : I have enclosed the required Supervision Verification Form for Independent Practice
3)	In initialing G: I have enclosed the required Supervision Verification Form for Independent Practice and I have
,	enclosed a signed contract(s) for supervision.
Initial _	I do hereby affirm that all statements made herewith are true and correct to the best of my knowledge and belief. Furthermore, I
voluntar	ily consent to a thorough review of my present and past employment and other activities for the purpose of verifying my qualifications for lent Practice.
Licen	see's Signature Date: